

# MIDNIGHT MOON RUN/TURKEY TROT

## INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of \_\_\_\_\_, agrees to allow my child to participate in the program/ activity described below.

### Programs / Activity Descriptions

☐ The Midnight Moon Run is a 5K run on Friday, August 7, 2009. The race starts and finishes at Alta Canyon Sports Center. The course takes runners on roads that are paved and in good condition within the City. The route takes runners south on Highland Drive, east on 9800 South, south on Eastdell Dr, west on Gyr Falcon Dr. and north on Roseboro Road to connect back on to Highland drive - this time heading North to return to Alta Canyon Sports Center. The race starts at 12:00 Midnight.

☐ The Sandy City Turkey Trot 5k run/walk takes place on Saturday, November 7, 2009. The route takes you around Lone Peak Park, through some well paved streets, along the path east of Sandy Trax station continuing on to Dewey Bluth Park. Runners will then return to Lone Peak Park on paved and maintained streets. Runners will again be using some of the pathway east of the trax line. The fun run starts at 9:00 am.

Participation in this run carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) Minor injuries such as windburn, blisters, muscle cramps, sprains & muscle ache; (2) major injuries such as, broken bones, dehydration and it's associated health risks (3) Catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

### Insurance

I understand that in order for my child to participate in the program/activity described above, I am **required** to have health insurance to cover injuries to my minor child arising from his or her participation in the above-referenced program/activity and that Sandy City does not carry medical or accident coverage for this purpose. I hereby represent that my child is and will be covered by the following health insurance:

Health Insurance Carrier: \_\_\_\_\_ Policy / Id. No.: \_\_\_\_\_

*(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)*

### Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/ physician, such treatment is necessary.

### Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child's participation in the above-referenced program/activity.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent  
or Legal Guardian: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Person to Contact in case of emergency: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Please Print)